

Dear Member,

Inside is a Request for Access to Protected Health Info (PHI) form which lets you request access to your PHI that Meridian maintains. You or someone on your behalf has asked for a copy of this form. Once we receive your form, we will respond to you by mail within 30 days.

**Below are steps to each section on the form. You can use this as a checklist.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>SECTION 1:</b> Your info               | <input type="checkbox"/> <b>SECTION 4:</b> Where to send your PHI |
| <input type="checkbox"/> <b>SECTION 2:</b> Info you are requesting | <input type="checkbox"/> <b>SECTION 5:</b> Sign and date          |
| <input type="checkbox"/> <b>SECTION 3:</b> Request reason          | <input type="checkbox"/> <b>SECTION 6:</b> Return the form        |

- ✓ We cannot process the form if all sections are not filled out. You will have to fill out a new form to request your PHI
- ✓ We may tell you that we need an additional 30 days to process your request
- ✓ We will approve or deny your request
- ✓ You have the right to a review of our denial if your request is denied for a reason other than this form not being filled out. We will give you steps for this second review if needed



**Please call Member Services at 1-888-437-0606 (TTY: 711)  
or email [privacy.mi@mhplan.com](mailto:privacy.mi@mhplan.com) if you have  
questions or need help filling out this form.**



# Request For Access to Protected Health Info Form

## SECTION 1: YOUR INFO

Name (First and Last): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Member ID#: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 2: INFO YOU ARE REQUESTING

Tell us what info you need: \_\_\_\_\_  
Date range for the info you are asking for: From: (mm/dd/yyyy) \_\_\_\_\_ To: (mm/dd/yyyy) \_\_\_\_\_

## SECTION 3: REQUEST REASON (CHOOSE ONE)

To help with my health care  For my own records  For a lawsuit, legal action, court case, settlement, etc.  
Other: \_\_\_\_\_

## SECTION 4: WHERE TO SEND YOUR PHI (CHOOSE ONE)

Who should Meridian send this to (PLEASE PRINT NAME): \_\_\_\_\_

How should it be sent (CHOOSE ONE):

- Fax to:  By email:  Other electronic format (e.g. CD)  
 In person at a location decided by Meridian (must make an appointment)  
 By mail to the following address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 5: SIGN AND DATE

Who is signing?

- Member listed above  Parent of minor member listed above  Someone other than member\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

\*Description of authority to act on behalf of the member (e.g., durable power of attorney, court order, parent of minor child, etc.): \_\_\_\_\_

You must attach the legal records shown above that name you as the representative of this member. There will be delays in this request if you do not give us this info.

## SECTION 6: RETURN THE FORM

Send us a copy of this form by choosing one of the following:



Fax this form to **1-833-560-2912**



Email this form to **privacy.mi@mhplan.com**



Send this form by mail to the address below:

**Meridian**  
**Attn: Privacy Official**  
**777 Woodward Ave, Suite 700**  
**Detroit, MI 48226**  
**1-888-437-0606 (TTY: 711)**